



United States
Environmental Protection Agency
Washington, DC 20460

☐ Registration
☐ Amendment
☒ Other

OPP Identifier Number

Application for Pesticide - Section I

1. Company/Product Number 87246-5	2. EPA Product Manager Jacquie Hardy	3. Proposed Classification <input checked="" type="checkbox"/> None <input type="checkbox"/> Restricted
4. Company/Product (Name) ProTx2 AV	PM#	
5. Name and Address of Applicant (Include ZIP Code) Intelligent Fabric Technologies North America, Inc. 525 Denison Street Unit 2, Markham ON L3R 1B8 <input type="checkbox"/> Check if this is a new address	6. Expedited Review. In accordance with FIFRA Section 3(c)(3) (b)(i), my product is similar or identical in composition and labeling to: EPA Reg. No. _____ Product Name _____	

Section - II

<input type="checkbox"/> Amendment - Explain below.	<input type="checkbox"/> Final printed labels in response to Agency letter dated _____
<input type="checkbox"/> Resubmission in response to Agency letter dated _____	<input type="checkbox"/> "Me Too" Application.
<input checked="" type="checkbox"/> Notification - Explain below.	<input type="checkbox"/> Other - Explain below.

Explanation: Use additional page(s) if necessary. (For section I and Section II.)

Intelligent Fabric Technologies North America Inc., is notifying the U.S. EPA that they intend to remove the ProTx AV brand name from commerce, and replace it with the following brand name: ProTx2 AV

Section - III

1. Material This Product Will Be Packaged In:				2. Type of Container	
Child-Resistant Packaging <input type="checkbox"/> Yes* <input checked="" type="checkbox"/> No	Unit Packaging <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Water Soluble Packaging <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Metal <input checked="" type="checkbox"/> Plastic <input type="checkbox"/> Glass <input type="checkbox"/> Paper <input type="checkbox"/> Other (Specify) _____		
* Certification must be submitted		If "Yes" Unit Packaging wgt. No. per container	If "Yes" Package wgt. No. per container		
3. Location of Net Contents Information <input checked="" type="checkbox"/> Label <input type="checkbox"/> Container		4. Size(s) Retail Container 40 lb drum		5. Location of Label Directions <input type="checkbox"/> On Label <input checked="" type="checkbox"/> On Labeling accompanying product	
6. Manner in Which Label is Affixed to Product <input checked="" type="checkbox"/> Lithograph <input type="checkbox"/> Paper glued <input type="checkbox"/> Stenciled		<input type="checkbox"/> Other _____			

Section - IV

1. Contact Point (Complete items directly below for identification of individual to be contacted, if necessary, to process this application.)		
Name David Bechtel	Title Authorized U.S. Agent	Telephone No. (Include Area Code) 908-429-9202
Certification I certify that the statements I have made on this form and all attachments thereto are true, accurate and complete. I acknowledge that any knowingly false or misleading statement may be punishable by fine or imprisonment or both under applicable law.		8. Date Application Received (Stamped)
2. Signature 		
3. Title Authorized U.S. Agent for IFTNA		
4. Typed Name David Bechtel		5. Date April 15, 2014



United States
Environmental Protection Agency
Washington, DC 20460

☐ Registration
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OPP Identifier Number

Application for Pesticide - Section I

1. Company/Product Number 87246-5	2. EPA Product Manager Jacquie Hardy	3. Proposed Classification <input checked="" type="checkbox"/> None <input type="checkbox"/> Restricted
4. Company/Product (Name) Cliniweave(TM) AV Liquid	PM#	
5. Name and Address of Applicant (Include ZIP Code) Intelligent Fabric Technologies North America, Inc. 525 Denison Street Unit 2, Markham ON L3R 1B8 <input type="checkbox"/> Check if this is a new address	6. Expedited Review. In accordance with FIFRA Section 3(c)(3) (b)(i), my product is similar or identical in composition and labeling to: EPA Reg. No. _____ Product Name _____	

Section - II

<input type="checkbox"/> Amendment - Explain below.	<input type="checkbox"/> Final printed labels in response to Agency letter dated _____
<input type="checkbox"/> Resubmission in response to Agency letter dated _____	<input type="checkbox"/> "Me Too" Application.
<input checked="" type="checkbox"/> Notification - Explain below.	<input type="checkbox"/> Other - Explain below.

Explanation: Use additional page(s) if necessary. (For section I and Section II.)

Intelligent Fabric Technologies North America Inc., is notifying the U.S. EPA that they intend to remove the Cliniweave(TM) AV Liquid brand name from commerce, and replace it with the following brand name: ProTx AV

Section - III

1. Material This Product Will Be Packaged In:				2. Type of Container	
Child-Resistant Packaging <input type="checkbox"/> Yes* <input checked="" type="checkbox"/> No	Unit Packaging <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Water Soluble Packaging <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input checked="" type="checkbox"/> Metal	
* Certification must be submitted				<input checked="" type="checkbox"/> Plastic	
If "Yes" Unit Packaging wgt. No. per container		If "Yes" Package wgt. No. per container		<input type="checkbox"/> Glass	
				<input type="checkbox"/> Paper	
				<input type="checkbox"/> Other (Specify) _____	
3. Location of Net Contents Information <input checked="" type="checkbox"/> Label <input type="checkbox"/> Container		4. Size(s) Retail Container 40 lb drum		5. Location of Label Directions <input type="checkbox"/> On Label <input checked="" type="checkbox"/> On Labeling accompanying product	
6. Manner in Which Label is Affixed to Product <input checked="" type="checkbox"/> Lithograph <input type="checkbox"/> Paper glued <input type="checkbox"/> Stenciled		<input type="checkbox"/> Other _____			

Section - IV

1. Contact Point (Complete items directly below for identification of individual to be contacted, if necessary, to process this application.)			
Name David Bechtel		Title Authorized U.S. Agent	
		Telephone No. (Include Area Code) 908-429-9202	
Certification I certify that the statements I have made on this form and all attachments thereto are true, accurate and complete. I acknowledge that any knowingly false or misleading statement may be punishable by fine or imprisonment or both under applicable law.			6. Date Application Received (Stamped)
2. Signature <i>David H. Bechtel</i>		3. Title Authorized U.S. Agent for IFTNA	
4. Typed Name David Bechtel		5. Date December 2, 2013	



United States
Environmental Protection Agency
Washington, DC 20460

☐ Registration
☐ Amendment
☒ Other

OPP Identifier Number

Application for Pesticide - Section I

1. Company/Product Number 87246-5	2. EPA Product Manager Jacquie Hardy	3. Proposed Classification <input checked="" type="checkbox"/> None <input type="checkbox"/> Restricted
4. Company/Product (Name) Cliniweave(TM) AV Liquid	PM#	
5. Name and Address of Applicant (Include ZIP Code) Intelligent Fabric Technologies North America, Inc. 525 Denison Street Unit 2, Markham ON L3R 1B8 <input type="checkbox"/> Check if this is a new address	6. Expedited Review. In accordance with FIFRA Section 3(c)(3) (b)(ii), my product is similar or identical in composition and labeling to: EPA Reg. No. _____ Product Name _____	

Section - II

<input type="checkbox"/> Amendment - Explain below.	<input type="checkbox"/> Final printed labels in response to Agency letter dated _____
<input type="checkbox"/> Resubmission in response to Agency letter dated _____	<input type="checkbox"/> "Me Too" Application.
<input checked="" type="checkbox"/> Notification - Explain below.	<input type="checkbox"/> Other - Explain below.

Explanation: Use additional page(s) if necessary. (For section I and Section II.)

Intelligent Fabric Technologies North America Inc., is notifying the U.S. EPA that they intend to remove the Cliniweave(TM) AV Liquid brand name from commerce, and replace it with the following brand name: ProTx AV

Section - III

1. Material This Product Will Be Packaged In:				2. Type of Container	
Child-Resistant Packaging <input type="checkbox"/> Yes* <input checked="" type="checkbox"/> No	Unit Packaging <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Water Soluble Packaging <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input checked="" type="checkbox"/> Metal	
* Certification must be submitted				<input checked="" type="checkbox"/> Plastic	
	If "Yes" Unit Packaging wgt. No. per container	If "Yes" Package wgt. No. per container		<input type="checkbox"/> Glass	
				<input type="checkbox"/> Paper	
				<input type="checkbox"/> Other (Specify) _____	
3. Location of Net Contents Information <input checked="" type="checkbox"/> Label <input type="checkbox"/> Container		4. Size(s) Retail Container 40 lb drum		5. Location of Label Directions <input type="checkbox"/> On Label <input checked="" type="checkbox"/> On Labeling accompanying product	
6. Manner in Which Label is Affixed to Product <input checked="" type="checkbox"/> Lithograph <input type="checkbox"/> Paper glued <input type="checkbox"/> Stenciled			<input type="checkbox"/> Other _____		

Section - IV

1. Contact Point (Complete items directly below for identification of individual to be contacted, if necessary, to process this application.)		
Name David Bechtel	Title Authorized U.S. Agent	Telephone No. (Include Area Code) 908-429-9202
Certification I certify that the statements I have made on this form and all attachments thereto are true, accurate and complete. I acknowledge that any knowingly false or misleading statement may be punishable by fine or imprisonment or both under applicable law.		6. Date Application Received (Stamped)
2. Signature <i>David H. Bechtel</i>		
3. Title Authorized U.S. Agent for IFTNA		
4. Typed Name David Bechtel	5. Date December 2, 2013	

Please read instructions on reverse before completing form.

Form Approved, OMB No. 2070-0080

Print Form

EPA United States
Environmental Protection Agency
Washington, DC 20460

☒ Registration
☐ Amendment
☐ Other

OPP Identifier Number

Application for Pesticide - Section I

1. Company/Product Number
Intelligent Fabric Technologies North America, Inc.

2. EPA Product Manager
-

3. Proposed Classification
☒ None ☐ Restricted

4. Company/Product (Name)
Cliniweave AV Liquid

PM#
-

5. Name and Address of Applicant (Include ZIP Code)
Intelligent Fabric Technologies North America, Inc.
525 Denison Street Unit 2, Markham ON L3R

☒ Check if this is a new address

6. Expedited Review. In accordance with FIFRA Section 3(c)(3) (b)(i), my product is similar or identical in composition and labeling to:
EPA Reg. No. [REDACTED]
Product Name [REDACTED]

Section - II

☐ Amendment - Explain below.
☐ Resubmission in response to Agency letter dated _____
☐ Notification - Explain below.

☐ Final printed labels in response to Agency letter dated _____
☒ "Me Too" Application.
☐ Other - Explain below.

Explanation: Use additional page(s) if necessary. (For section I and Section II.)

Intelligent Fabric Technologies North America Inc. wishes to register Cliniweave AV Powder in the U.S. as a 100% repack of a U.S. EPA registered pesticide product [REDACTED]

Section - III

1. Material This Product Will Be Packaged In:

Child-Resistant Packaging
☐ Yes
☒ No

Unit Packaging
☐ Yes
☒ No

Water Soluble Packaging
☐ Yes
☒ No

2. Type of Container
☒ Metal
☒ Plastic
☐ Glass
☐ Paper
☐ Other (Specify) _____

* Certification must be submitted

3. Location of Net Contents Information
☒ Label ☐ Container

4. Size(s) Retail Container
18 kg drum

5. Location of Label Directions
☐ On Label
☒ On Labeling accompanying product

6. Manner in Which Label is Affixed to Product
☒ Lithograph
☐ Paper glued
☐ Stenciled
☐ Other _____

Section - IV

1. Contact Point (Complete items directly below for identification of individual to be contacted, if necessary, to process this application.)

Name
Tom Jonaitis

Title
Consultant

Telephone No. (Include Area Code)
1-905-542-2900

Certification
I certify that the statements I have made on this form and all attachments thereto are true, accurate and complete. I acknowledge that any knowingly false or misleading statement may be punishable by fine or imprisonment or both under applicable law.

2. Signature
[Signature]

3. Title
President & CEO

4. Typed Name
Hylton Karon

5. Date
July 4, 2012

6. Date Application Received (Stamped)

EPA Form 8570-1 (Rev. 8-94) Previous editions are obsolete.

White - EPA File Copy (original) Yellow - Applicant Copy